

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	FF		04-26-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	5161
FORMALITY REVIEW	FF	1027	06/15/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	12 1 9 9 3
	02 03 04 05
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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41	✓
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48	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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